

PART 1

LABOR LAW CLINIC APPLICATION

Wisconsin Department of Workforce Development
Division of Unemployment Insurance
P.O. Box 7905, Madison, WI 53707-7905

(608) 266-3100 or (608) 267-9796(Phone); 608/267-0593 (FAX)

yvonne.hagen@dwd.state.wi.us or Jennifer.jirschele@dwd.state.wi.us

Submit at least 90 days in advance of the desired Clinic date.

Preferred Clinic date (list one only)	20__
Preferred alternate date(s)	
City where Clinic is to be held	
Name of proposed PRINCIPAL co-sponsor exactly as it should be listed in all publicity	
Name(s) of any other co-sponsors exactly as they should be listed in all publicity	
Is this the first time the PRINCIPAL co-sponsor has co-sponsored a Labor Law Clinic with DWD? If yes, check here <input type="checkbox"/>	
Co-sponsorship of Labor Law Clinics is limited to organizations that either are non-profit agencies or a government agency. Do you believe your organization so qualifies?	

CONTACT INFORMATION

Local Co-Sponsor Contact:	
Individual's name	
Mailing address (street or P.O. Box, city, state, Zip)	
Daytime telephone number (include area code)	
Fax number (if any) (include area code)	
E-mail address (if any)	

If you are co-sponsoring this Clinic with a local DWD office (Job Service, etc.), please have that office complete the following section or provide you with the information needed so you can fill it out and return to DWD.

DWD Local Co-sponsorship Contact:	
Name	
Division	
Inter-Departmental mail address	
Office telephone number (include area code)	
Office fax number (include area code)	
E-Mail address	

Part 2

REQUESTED CLINIC TOPICS (From Attachment A)

1. _____
2. _____
3. _____
4. _____

Part 3

List all counties you wish included at a minimum in the mailing announcing the Clinic and registration details (NOTE: DWD may add or delete counties at it's discretion)	
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Check in the space provided if the local principal co-sponsor has received and reviewed Attachment B and agrees with the contents. Otherwise, return Attachment B with this application and indicate in writing any proposed changes or alternative conditions	<input type="checkbox"/>
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I have read and agree to all the terms outlined in this application.	<input type="checkbox"/>
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Today's date	
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Complete and return with part I, II, III and Attachment C and mail to: DWD Labor Law Clinic, Attn: Yvonne Hagen, P.O. Box 7905, Madison, WI 53707-7905 or fax to (608) 267-0593. (DWD staff may send via Inter-Department mail by addressing it to Yvonne Hagen, Room E 300, GEF 1.)

LABOR LAW CLINIC PRODUCTION INFORMATION

To be submitted along with Part I, II, and III

Clinic City	
Clinic Date	

LOCATION INFORMATION

Facility Name	
Name of room(s) assigned by the host facility for Clinic use (If more than one room is being used because of Clinic concurrent sessions, list the main meeting room first and the "breakout" room second)	
Maximum people capacity of room in final Clinic seating configuration, without crowding.	
Street Address	
Facility Telephone Number (for room reservations)	
Any special directions to be included in advance publicity to help people find it? If so, list here.	
Has the host facility operator/manager confirmed that the facility is accessible to the physically handicapped?	
Has the host facility operator/manager confirmed that the meeting room is reserved for access for Clinic setup and packing at least 90 minutes in advance of the scheduled starting time and for at least 60 minutes after the scheduled ending time?	
Has the host facility operator been given a copy of the Labor Law Clinic facilities checklist (note: copy is included with this packet)?	
Has the host facility operator been notified of the scheduled times for breaks and meals?	

REGISTRATION INFORMATION

Fee to be charged those registering for full-day or less Clinics (must be at least \$40 and not more than \$77)	
Last day (if any) to be listed for cancellations and refunds. (<i>This date normally depends on the date you are required to guarantee a meal count to the host facility, or incur other expenses based on the reservation.</i>)	
Address to be used for reservations (List organizational and/or individual name or both, P.O. Box or street address, city, state, zip) DO NOT LIST A DWD ADDRESS FOR RESERVATIONS WITH PAYMENTS; SEE ATTACHMENT B FOR MORE INFORMATION	
List fax number if fax reservations will be taken (include area code)	
For fax registrations only, circle the payment policy below on the left OR submit your own wording in the space to the right (choose one method only):	
"Mail payment or invoice instructions separately to the address shown above"	
To whom should registration payments be made?	
Telephone number for people to call to confirm registration was received (if written confirmation isn't otherwise planned by the local co-sponsor)	
Shall we include this notice: "No confirmations will be sent unless requested with your reservation"? (Indicate yes or no in the space to the right, or enter the information as you would like it to appear.)	
Special parking/parking permit arrangements if parking is restricted or if registrants must pay for their own parking? If so, list here.	
Do you anticipate any major road reconstruction on the Clinic date on key local routes to and from the Clinic? If yes, please provide special directions here.	
If a map is to be included in the clinic registration flyer, please submit it in a format that can be added to the flyer when you are asked for edits.	
Best entrance to use, if other than the main entrance, for people with physical handicaps.	

OTHER INFORMATION

A meal and two breaks with food items must be provided as well as continental breakfast items 30 minutes before the clinic kickoff. Please provide a variety of beverages and fresh fruit among other continental breakfast items to allow for folks who are diabetic.

Please circle those break items which will be available during the on-site registration at least 30 minutes before the Clinic kickoff:

Regular coffee

Decaf coffee

Hot tea

Juice

Soda

Rolls

Other? List here:

Will the meal be provided in a separate room or area of the main meeting room?

The local co-sponsor will provide on-site registration at least 30 minutes in advance of the Clinic starting time. Please check appropriate box so we have verification that you agree to this term.

☐ NO

☐ YES

Is the local co-sponsor recognized to grant Continuing Education Units (CEU's)? IF NO, skip the rest of this block. If YES, please complete this block.

☐ NO

☐ YES

How many CEU hours will be granted?

Number of additional copies of the Clinic registration flyer desired by the local co-sponsors, for local distribution (in addition to the DWD mailing)

Today's date

Name of person completing this form

Other comments or questions? Please call or write them here.

Attachment C

ORGANIZATIONAL INFORMATION

Complete and submit this form with your application for a Labor Law Clinic.

Please answer each of the following questions:

Employer Identification Number issued to the PRINCIPAL co-sponsor by the IRS	
Does the organization have a checking account used solely for organizational business?	
Is the organization established and does it operate as a non-profit organization?	
Is it registered with the Secretary of State?	
Name, mailing address and telephone number of the organization's current president	
Name, mailing address and telephone number of the organization's current treasurer	
Name of person completing this form	

Complete and return to:

DWD Labor Law Clinic, Attn: Yvonne Hagen, P.O. Box 7905, Madison, WI 53707-7905 or fax to 608/267-0593. If DWD staff, you also may send via Inter-Departmental Mail to Yvonne Hagen in Room E300 GEF 1.